

RESEARCH BRIEF

Socially Prescribed Programs for Unpaid Caregivers

Who are Unpaid Caregivers?

Unpaid caregivers refer to individuals who provide help, care or support to a family-member, relative, spouse or friend with a disability, illness, functional limitation, and/or condition related to old age. Evidence demonstrates that unpaid caregivers face an increased incidence of burden, loneliness, isolation and a subsequent decrease in overall quality-of-life.

The proportion of unpaid caregivers worldwide are expected to rise significantly in the coming decades, driven by factors such as healthcare system constraints, an increase in aging populations/conditions such as dementia, and societal trends toward deinstitutionalization.

What is Social Prescribing?

Social Prescribing bridges and connects individuals to non-medical services within community settings to support their overall health and well-being, recognizing that social well-being is a critical factor in helping an individual to prevent illness, manage chronic conditions and improve one's overall health and quality of life. As an example, social prescribing can involve referrals to non-clinical support programs such as dance classes, community hiking groups, art programs and more.

Furthermore, socially prescribed programs may be implemented through varying models depending on the region and context.

Research Objectives

We conducted a scoping review to answer the following research question:

What are the current practices, outcomes and/or potential benefits and challenges of socially prescribed programs for unpaid caregivers?

What is the importance of this research?

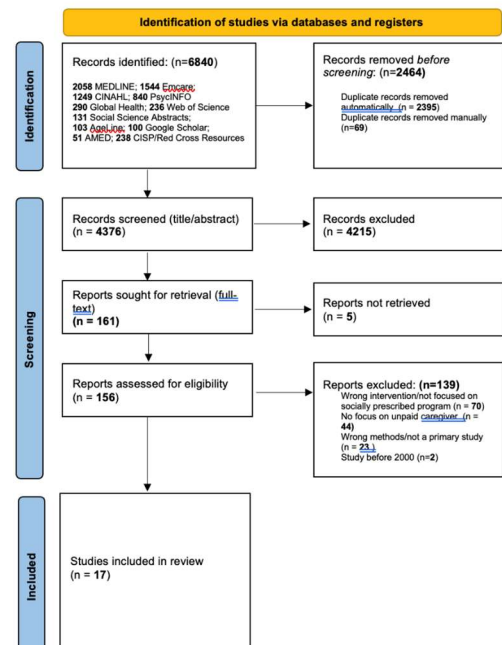
Unpaid caregivers have specialized needs that may be unmet by traditional support systems; emerging research has shown that unpaid caregivers may benefit from referral-based navigation programs into community settings. Given the growing global health challenge related to unpaid caregiving, it is crucial that healthcare and policy frameworks work to prioritize the well-being of unpaid caregivers alongside their care recipients.

Allowing informal caregivers to participate in socially prescribed programs may help alleviate the disproportionately negative physical and mental health outcomes they experience due to their caregiving duties, allowing them to experience manage their well-being while also enhancing their skills in caregiving.

A scoping review allowed for a comprehensive mapping of existing studies involving socially prescribed programs for unpaid caregivers. This helped us to identify the current landscape of knowledge, key trends and gaps.

What was done:

We searched a variety of databases and included 17 studies in our review.



What did we find?

Using descriptive summaries and qualitative content analysis, the following was observed in included literature:

Practices

- A variety of arts-based, physical activity interventions and nature-based programs were commonly seen to be provided to unpaid caregivers, with most programs designed and offered for both caregivers and care recipients to participate in together.
- Methods of referral or entry into socially prescribed programs also varied considerably across included studies, using a combination of self-referrals, community-based referrals and healthcare referrals.

Outcomes:

- Socially prescribed care in the community was observed to have generally positive benefits on the physical and mental wellbeing of unpaid caregivers. This included positive changes in outcomes such as stress, depression, burden and loneliness.
- In terms of social wellbeing, it was observed that socially prescribed community spaces allowed for informal caregivers to form strong social support networks, meet and connect people in similar situations as themselves, while reinforcing their confidence and competencies as caregivers.

Benefits:

- Logistical benefits provided to the unpaid caregiver in some included studies included accessibility regarding the cost and transportation to facilitate program attendance.

Challenges:

- Common challenges experienced by unpaid caregivers were transportation to program sites and scheduling conflicts.

So what?

The positive health and well-being outcomes observed to be associated with socially prescribed programs highlight their potential in being a valuable mechanism to support the needs of unpaid caregivers. At the same time however, there were identified challenges associated with the logistics of participating in socially prescribed programs, especially given that unpaid caregivers face certain barriers when it comes to factors such as scheduling, accessibility and transportation.

For unpaid caregivers who have unique health and well-being needs that are often overlooked within healthcare systems and policy initiatives, this research demonstrates that socially prescribed programs are an innovating and promising model that can bridge healthcare and community-based programs in a sustainable manner.

Next Steps

Future research should quantitatively map outcomes associated with socially prescribed programs and evaluate the needs of both the caregiver and the care recipient.

Various health equity factors (gender, race, socioeconomic status) may influence the uptake and outcomes associated with socially prescribed programs. Future research should account for intersecting factors to create tailored programs that suit the needs of this population.

Future research should work to integrate virtual referral pathways or programs interventions that meet the needs of unpaid caregivers and their care recipients.

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